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Thesis on  
Dysentery.

by

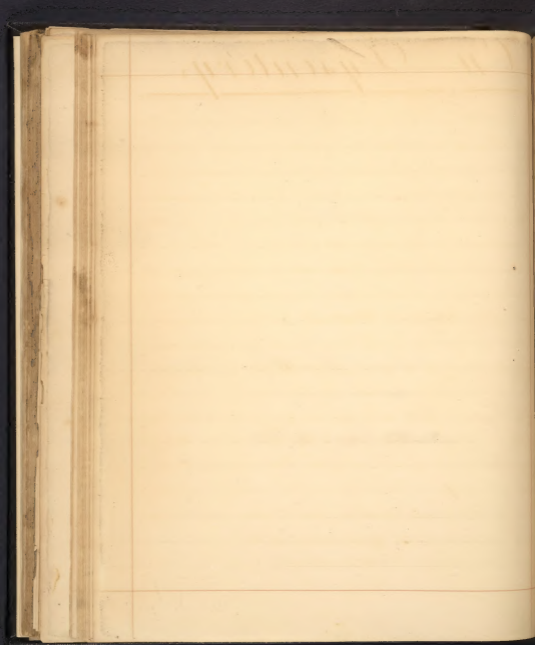
Edwin P. Mee of Philadelphia.



admitted March 10. 1821

1881.01 Small Office





# *On Dysentery.*

There is, implanted in the human breast, a desire to impart something which is new, and interesting. In the pursuit of our ancient, and highly honourable profession, research affords ample opportunity for the gratification of this laudable ambition. The writer had intended to have taken up, and established, in some measure, the character of a newly-introduced article of the *Materia Medica*; but his views have been intercepted, by the insuperable difficulties, which a student has to encounter. Should he, however, receive the boon which he humbly asks at your hands, he trusts he will exert the energies of his limited understanding, to become a worthy child of the School which reared him, and of the Country which gave him birth.

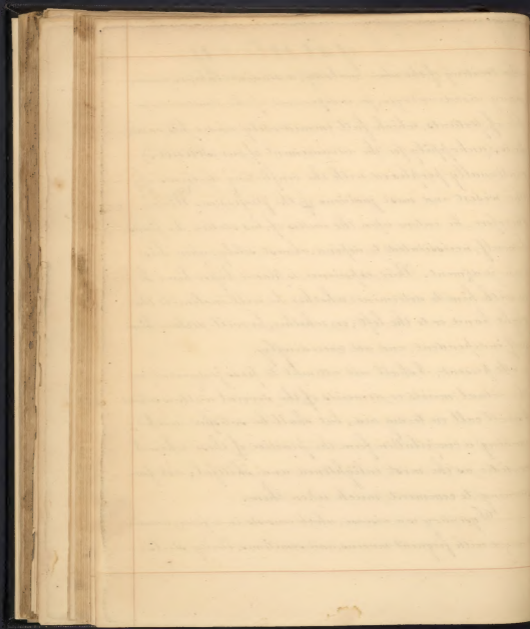
The disease which he has therefore chosen as the subject of his dissertation, is, the  
*Dysentery.*

11. *Chrysomelidae*

In treating of the above malady, a student labours under many disadvantages, for independent of the limited number of patients, which fall immediately under his care, he is, (unhappily for the advancement of our science,) continually perplexed with the conflicting doctrines of the wisest and most judicious of the Profession. When, therefore, he enters upon the duties of his station, he finds himself, necessitated to depend, almost solely, upon his own judgment. Their experience is placed before him: It is with him to determine, whether he will incline to the right hand, or, to the left; or, whether, he will declare himself independent, and act accordingly.

At present, I shall not attempt to pass judgment on the actual merits or demerits of the several authors whom I shall call in to my aid, but shall be satisfied with making a compilation from the practice of those, whom I consider, as the most enlightened and skillful; not presuming to comment much upon them.

Dysentery is a disease, which consists in a fever, accompanied with frequent mucous, and sometimes, bloody stools;



attended with flatulency, tormina, tenesmus, and a retention of the natural faeces.

This disease may occur at any season of the year, though generally, it commences its march in the United States, about the latter end of the seventh month (July,) or the beginning of the 8th. mo: (August,) and continues until the Twelfth month (December.)

Limited, as is my experience in this disease, I am nevertheless disposed to doubt the validity of the assertion "that a specific contagion, is to be considered as always the remote cause thereof."

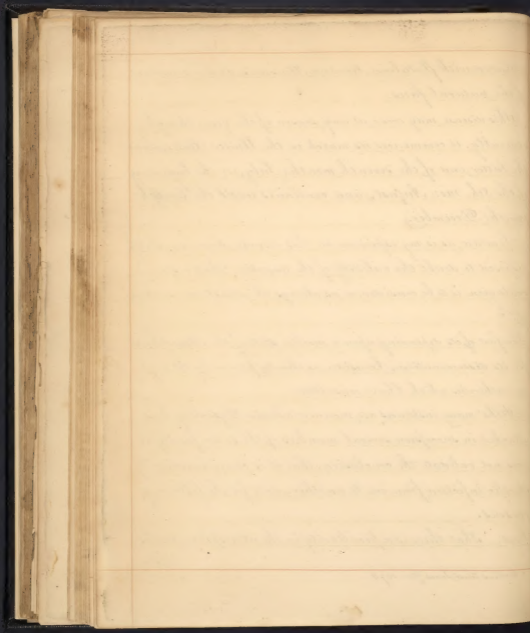
The fact of its depending upon a morbid state of the Atmosphere, for its dissemination, I consider, as clearly proven by the highest authorities which I have consulted.

Altho' many instances are recorded wherein Dysentery has attacked in succession several members of the same family, it does not validate the conclusion, that it is communicated by specific infection from one to another, and for the following reasons.

First. That there is a peculiarity in the atmosphere pre-dis-

posing

\* Gullens First Lines par: 1074.

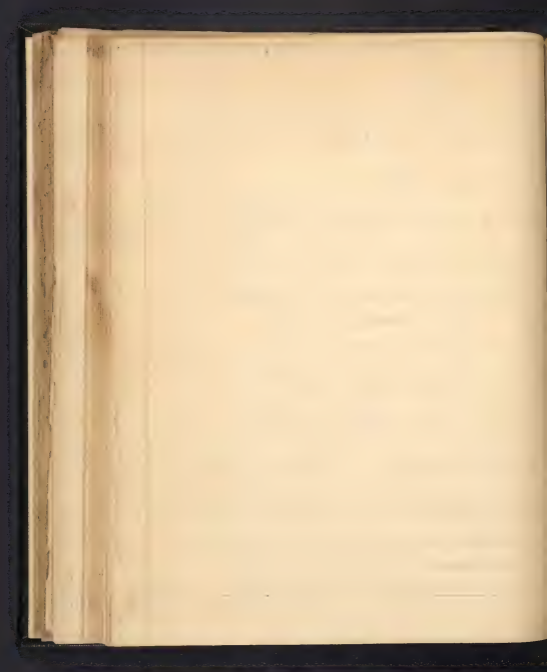


posing the body to disease, and determining what that disease may be, by local situation. Hence we find Dysenteries prevailing on high grounds, while Fevers obtain in the valleys in their immediate vicinity.

Secondly. That the appearance of Dysentery in Camps and Hospitals, does not militate against those who deem its infectious nature, because we find it appearing after tedious marches, exposure to inclement weather, and at that season of the year when there are sudden changes from heat to cold; all these are predisposing causes.

But, it may be asked, why does it attack one, and another, and another, in an apparently gradual succession, until the whole are under its influence? Why is it that when patients are early removed from these large assemblies the disease is more mild, and that when the healthy are separated from the rest, it disappears?

Because, a predisposition exists, owing to atmospheric impurity, the vitiated state of the air of Hospitals and Camps, combined with what at first was inhale, renders it still more so, and necessarily increases its virulence: and vice versa.



So much then, in consideration of, the infectious character,  
of Dysentery. In support of my hesitation I refer to Professor,  
Chapman; Professor, Caldwell; Sydenham; Willis; &c &c.

Sydenham, and his followers, have denominated this disease  
a "febris introverta;" a fever, turned in upon the bowels; but I  
am inclined to adopt the opinion of many highly respectable  
practitioners of the present day, that primarily it is a gastric,  
but, that ultimately it becomes an intestinal disease.

Occurring at the same time of the year, with autumnal  
intermittents and remittents, it is with them frequently com-  
bined.\*

It is generally ushered in by the following symptoms: the  
patient is seized with universal lassitude, and lassitude;  
accompanied with anorexia, frequent chilliness, a bitter taste  
in the mouth, and sometimes with nausea and vomiting.  
These symptoms are sometimes succeeded in a short time,  
by morbid arterial action; severe pain in the head; excessive  
thirst; bilious stools; and when the attack is very violent,  
with delirium and coma. The pulse, which in the beginning,  
was scarcely perceptible, becomes now full and strong, and

\* That his lectures delivered in  
the University of Penna.

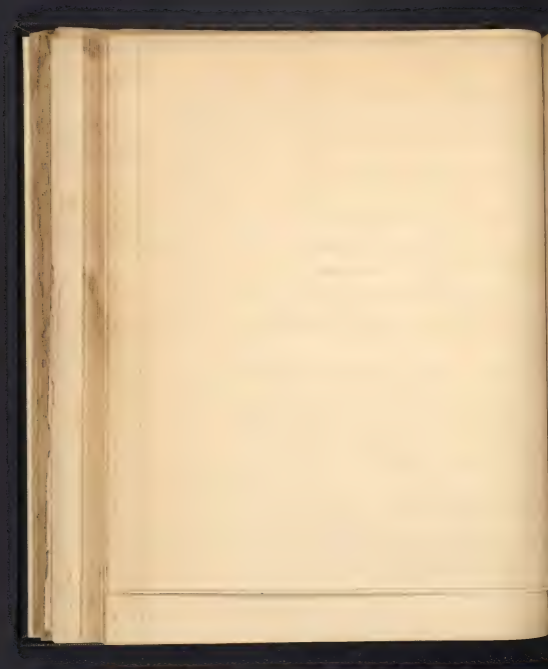
† Caldwell & Collins.

§ Collins.

\* Rush's Sydenham.

† Chapman, Nat. sec. 1, cap. III.

§ Chapman, Minor. Sydenham, &c.



excruciating pains harass the bowels.

In other instances, the pain in the bowels comes on, unaccompanied by any apparent febrile affection, and is succeeded by a tenesmus, and frequent, but small discharges, from the intestines, consisting chiefly of an intermixture of blood and mucus. Together with these symptoms, the appetite for food becomes languid, but nausea and vomiting rarely occur. After an uncertain length of time the patient is attacked with fever, in a more or less violent degree, and with it the termina and tenesmus become more severe, and the stools more frequent.

The matter evacuated by stool is very varied in its appearance: sometimes it is entirely mucous, exhibiting that form of disease, by some called *morbus mucosus*; and by others, *dysentria alba*; at other times the discharge is solely sanguineous; but generally, we find an intermixture of blood and mucus.

The stools are all along distinguished by a peculiar smell, differing from that of common excrements; tho' always offensive, the rankness is not great at first, but towards the



end, when the intestines begin to mortify, the faecal is cadaverous and intolérable.\*

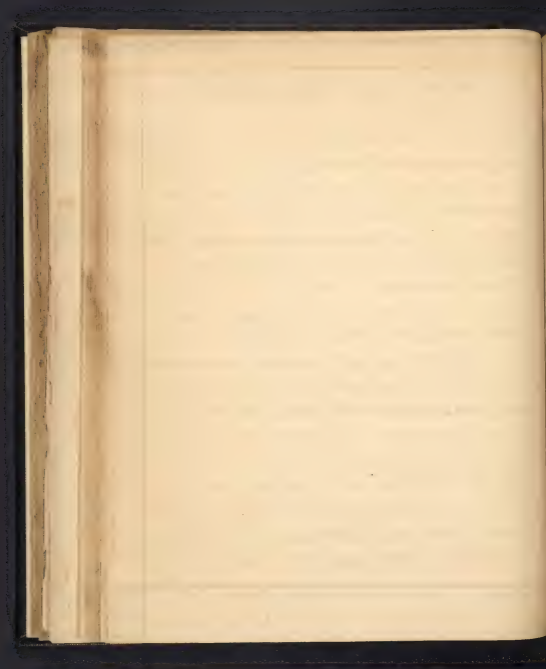
Authors have noticed membrane-like substances, supposed to be abrasions of the villous coat of the intestines. Also, white sebaceous masses are sometimes discharged per anum, resembling suet, and have therefore been called corpora pingua. The nature of these substances, however, has, I believe, not yet been satisfactorily determined.

We have stated that the evacuations by stool are very frequent, yet these excretions are seldom natural, and appear in small indurated masses, termed *Stercora*, which being voided, afford temporary relief to the agonized patient, from *termina Stenismus*. Some speak of worms being discharged during the course of the disease per os, per anum, but this may be considered as an adventitious circumstance. A *procidencia ani* and suppression of urine are sometimes attendants.†

When the bowels become affected with gangrene, the patient no longer complains of pain or tenismus; the pulse sinks; delirium and coma generally supervene: in some instances, however, the mind remains sane and untroubled until death.

\* Pungli.

† Baker & Sydenham Lond: 1762 - Pungli. var.



The stomach is, in some cases, so highly irritable, that the greatest difficulty is experienced, in producing a pacification.

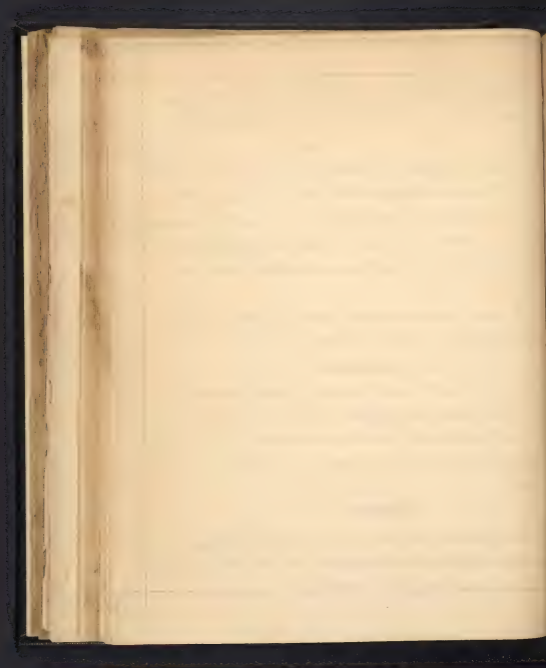
Dissections present the intestines, particularly the colon and rectum, in a highly inflamed and sometimes mortified state; also erosions, scirrhusities, ulceration, contractions, and gangrene. The peritonaeum and other coverings of the abdomen in many instances, have likewise an inflammatory appearance.

For much interesting matter, as regards post mortem searches, I refer to Pringle & Glegg.

From what has been stated, we may with safety conclude, that the Dysentery chiefly prevails at the same season of the year, with Intermittent and Remittent Fevers, and that it arises from the same causes, in general, by which they are produced.

### CAUSES.

Much has been said respecting the causes of Dysentery, but nothing satisfactory has been offered, by their practitioners, whose



opinions I have read; there is good reason, however, to admit, that among the predisposing causes are to be enumerated, extremes in the weather, from hot and dry, to cool and damp or rainy; debility of body, either in consequence of previous disease, the undue operation of the depressing passions of the mind, or intemperance in eating or drinking, and excessive fatigue. The exciting causes are, the application of cold; marsh or human miasmata; a suppression of the accustomed perspiration; and possibly, acrid, irritating, substances taken into the stomach.

— Treatment: —

Whatever the cause of Dysentery may be, the indications of cure appear to be the same, namely;

1st. To overcome the inflammation & stricture of the intestines, or, in other words, to allay violent pain and fever.

2nd. To preserve the bowels soluble until all spasm, pain, and fever, have disappeared.

3rd. To restore the healthy action of the skin.

4th. To restore the tone of the alimentary canal.

Amesbury

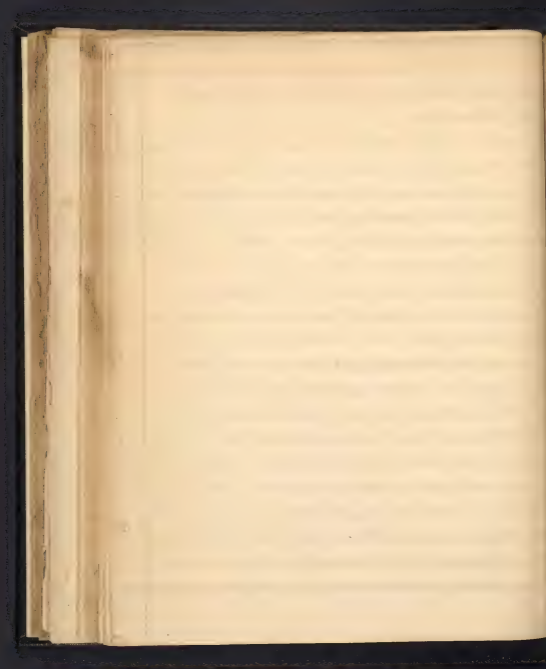
These indications are best answered by the following Remedies.

1<sup>st</sup>. *Bleedletting.*

The experience of the most eminent and successful Practitioners of Europe, and of our own country, in particular, sufficiently warrants the recurrence to this excellent antiphlogistic and unobscured; Indeed, upon every principle of rational theory, it would seem to have the preference of all others. The quantity of blood drawn, is to be regulated more by the degree of pain and obstinacy of the stricture, than by the pulse, which in all diseases of an inflammatory nature affecting the *Prima via*, is an uncertain index of the state of those parts. I would therefore bleed freely and repeatedly, say to the extent of 14 to 20 ounces daily, or twice a day, until by the cessation of pain I might rationally infer that the bowels were prepared for the second remedy, viz.

*Emetics*, which may be safely now administered. Of this class of remedies I would prefer the *Antimonial tartarizatum*, believing that no specific Antidysenteric virtue is ascribable to *Thiobacchar*. And also on account of the greater *Diaphoretic*, and *Cathartic*, as well as *Emetic* effect of *Tartar Emetic*.

3<sup>rd</sup>. *Laxatives.* I say laxatives, for in the irritable state



of the affected parts, it is presumable that purgatives, especially of the drastic kind, would be likely to renew the train of distressing symptoms. Among the mild and efficient saline evacuants, the *Chium Ricini* is deserving of primary attention, and should be given in the dose of half an ounce, in a little Lemonade, or in Mint Water, every 2nd hour until two or three fecal evacuations have been procured. If the Oil should not be retained on the Stomach, an excellent substitute is, a solution of *Milkhas Soda*, in a strong infusion of Camemile, say 2 ounces of the salt, in a Pint of the infusion: a wineglassful to be given at intervals of 2 hours until feces be freely evacuated.

Another valuable medicine is the Protochloride (*Submuriale*) of Mercury, in combination with *Salap*, to which the *Chium Anisi* may be added by way of carminative, thus.

*R̄ Cal. ppt. ℥ss*  
*Pul. Salap. ℥j*  
*Cl. Anis. ℥i.*

*℞* Recet. et divid. in *℥℥ss*. Sumat ager unam omnib. horis donec bene operaverint. (This however borders on the purgative)  
*℞* auxiliaries, the patient may drink freely of barley-water.

"This valuable mixture, or that of Gum Arabic or Plas.  
sied Tea, with the addition of Laudanum; forms an  
Enema, peculiarly calculated to obviate the extreme  
irritability, and consequent Tenismus so characteristic  
of the disease.

• Melted butter, free from salt & rancidity, in the quan-  
tity of 3 gills or half a pint, as an injection, is highly sal-  
utary. +

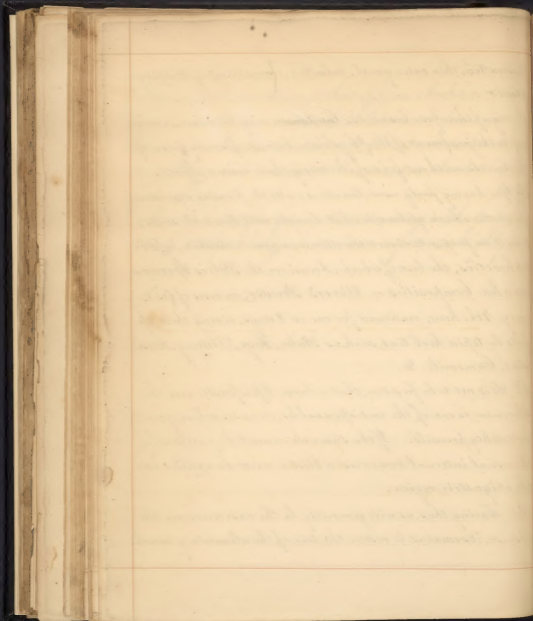
Unseed Tea, thin oatmeal gruel, balm Tea, or mucilage of Slippery Elm.

To any of the above laxatives, Laudanum may be added, according to the judgment of the physician, in case of severe pain of the bowels, without fear of obviating their desired effect.

4.<sup>th</sup> After having freely used laxatives, until the peculiar dysenteric evacuations have yielded to what I might call laudable stools; it will be proper to divert the determination to the skin, by Diaphoretics, the best of which, I consider the Pulvis Speccacuanha Compositus or Dever's Powder, in doses of  $\text{ʒi. v.}$  every 4th. hour, continued for one or 2 days; aiding their effects by tepid herb teas, such as Balm, Sage, Tilly, Horsemint, Camemile, &c.

5.<sup>th</sup> It is not to be forgotten, that a large Epispastic over the abdomen is one of the indispensables, in cases where great irritability prevails. If the stomach cannot be pacified by the usual internal remedies, a blister must be applied over the epigastric region.

6.<sup>th</sup> Having thus, as will generally be the case, overcome the disease, it remains, to restore the tone of the alimentary canal.



This is effected by the class of Tonics, which ought to be used with caution, commencing with the milder and changing to those of a more powerful kind. I would first use the *Peripentaria* and *Cort: Aurant:*, next the *Rhubarb* in small doses, then *Cort: Cinchona*. During the use of these, the *Nutrientia* properly come in, such as, animal broths, jellies, oysters, soft-boiled eggs, fowls, with *Porter*, *Ale*, *Wadeira*, sound Cyder, and the like.

In aid of the tonics, riding on horse-back, when practicable, ought not to be omitted.

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Thomas Page

admitted March 17. 1821

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